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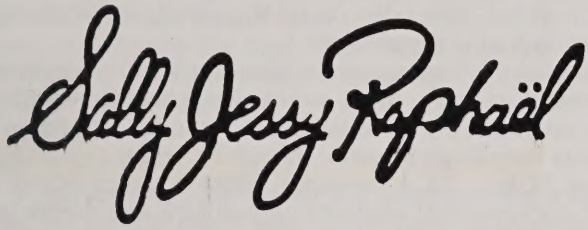
Multimedia Entertainment, Inc., 75 Rockefeller Plaza, NY, NY 10019
Program Offices: 510 West 57th Street, NY, NY 10019
Transcripts: Journal Graphics, Inc., 267 Broadway, NY, NY 10007
Press contact: Cindy Schneider (212) 582-1722



Breast Cancer and Reduction: Not for Women Only

SALLY JESSY RAPHAEL ..... Host

Guests:

MIKE RIOS, Had Abnormally Large Breasts
RALPH GRIPPO, Suffers From Breast Cancer
LEONARD GLAZER, Suffers From Breast Cancer
MARJORIE CRAMER, M.D., Performs Male Breast Reductions
DEBORAH AXELROD, M.D., Director, Breast Services, Beth Israel Medical Center

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Breast Cancer and Reduction: Not for Women Only

SALLY JESSY RAPHAEL: All right. I love it. That's great with the applause. We think you should be watching this show, today especially, to be informed, to see if you should be concerned about your husband's welfare.

Today you're going to meet men who almost died from breast cancer. Now, you heard me right, men, breast cancer. I think it sounds almost unbelievable. But later on in the show, we're going to meet men who actually had mastectomies.

First, a man whose breasts gave him trouble for another reason. This is not breast cancer. Most women who watch our show know some man — maybe it's your husband — who are ashamed *[sic]* because they have very large breasts. About 30 percent of all men do.

Please meet Mike. As a teenager, Mike's breasts were so large that his Marine Corps drill sergeant teased him constantly in front of the other soldiers. When Mike finally went to the naval hospital to see if anything could be done about his large breasts, the doctors— the doctor, one, right, laughed, and he grabbed Mike's breasts in his hand.

Now, you know, for a doctor to act like that boggles the mind. But this is something that gave you trouble all your life. People teased you, huh?

MIKE RIOS, Had Abnormally Large Breasts: Well, it's something that started, I guess, right before I went into Marine Corps boot camp. I had been rather fat during my childhood. And I had noticed that they were rather large, but because of the rest of the weight, you know, I just figured it was distributed—

SALLY: You thought it was more fat.

Mr. RIOS: Yeah, I thought it was just distributed that way. What ultimately happened was when I went to boot camp, I was like 170 pounds, and when I completed boot camp, after three months, I had lost 40 pounds. So my waist went from a 36 to a 28, but my breasts were still large, large. And I had difficulty wearing tank tops and T-shirts and things of that nature.

So I went to the doctor and I said, "Listen, I really feel awkward," you know. And he grabbed at them. I backed up. Of course he says, "Well, it's just fatty tissue and we'll just," you know, "Take it right out." So I ultimately went into the hospital and I had a procedure done, and it left some terrible scars. And I have two 5" scars right underneath each of the breasts.

SALLY: Was he a plastic surgeon, the doctor who did this?

Mr. RIOS: I couldn't tell you, at the time. I really don't know.

SALLY: Because that kind of thing should be done by a plastic surgeon.

Mr. RIOS: Right. I found out later, there were other gentlemen on the ward who had also had it done, but they had it done differently; theirs was cut around the nipple and a tube was inserted. I believe

it's called liposuction. And it was utilized that way. Whereas, with me, they just went right across and they removed the fat.
SALLY: Tell me about the drill sergeant that teased you.
Mr. RIOS: Well, in the Marine Corps, I guess— You know, you go through a pretty rough time through boot camp anyway. But I think the fact that you have breasts and, you know, you're among a group of so many men, it can be pretty detrimental. They mess with you, you know.
SALLY: When you said you wouldn't wear tank tops, because sitting tightly, it would look like girls?
Mr. RIOS: They would just stick out, and people would say— And just in general, friends would tease you, and, you know, they would grab at you, and things like that. So it made you feel uncomfortable, for the most part. So I just avoided wearing them altogether, and I'd just wear button-down shirts.
SALLY: Always.
Mr. RIOS: Always.
SALLY: What would you do when you were wearing a bathing suit?
Mr. RIOS: I'd wear a sweatshirt, short-sleeved sweatshirt.
SALLY: Always?
Mr. RIOS: All the time, on the beach, sure, sure.
SALLY: Hot day and you're in a sweatshirt.
Mr. RIOS: Hot day, 100 degree weather.
SALLY: So they can't see what you've got.
Mr. RIOS: Sure. And sometimes they were so noticeable—
SALLY: Would you go in the water?
Mr. RIOS: Not that often, no. I would go in the water if there was not that many people on the beach. And then coming out of the water, you hunch forward. You learn to live with it. You learn to hide it.
SALLY: But you adjust things so that you— Like young girls sometimes cross their arms when they're beginning to develop. There are guys who do that.
Mr. RIOS: Sure, sure. I have known other men like this. And we have had discussions about this. And it's very awkward, very awkward feeling.
SALLY: Is there any way you can adjust those scars?
Mr. RIOS: Not at this point, no. My surgery was done 14 years ago. And the scars are there. And I'll tell you, in a lot of ways I'm probably a lot more comfortable living with the scars than I was with the breasts. I mean, the scars, you can always make up lies. You can always say, "Well," you know, "I had an accident. I was stabbed or shot. I fell. I hurt—"
SALLY: Do you tell those stories?
Mr. RIOS: Oh, I've told endless amounts of stories.
SALLY: Really? You pretend?
Mr. RIOS: Sure. I mean, you meet someone for the first time and you don't just walk up and say, "Well, I had large breasts at one time, and I had them removed," you know. It's not something you talk about as openly.

SALLY: You know what you could say, I guess, without telling a fib, you could say, "It happened in the Marine Corps." And then everyone assumes it happened in the Marine Corps and you're out winning some kind of war or something.
Mr. RIOS: War injury, yeah.
SALLY: You know?
Mr. RIOS: Uh-huh.
SALLY: Still, with this, I'm assuming you have to still wear a shirt because of the scars, or do you not?
Mr. RIOS: No, I'm perfectly comfortable.
SALLY: Now it's okay. As long as they're—
Mr. RIOS: I have a wonderful suntan now and everything. I'm fine.
SALLY: You have a suntan.
Mr. RIOS: A great tan.
SALLY: As long as you don't have breasts, right?
Mr. RIOS: It's perfectly fine.
SALLY: When we mentioned there's about 30 percent of all men who have kind of developed breasts—
Mr. RIOS: Right.
SALLY: —would you suggest they have a reduction, or would you suggest they live with it now so they don't get scars like you have?
Mr. RIOS: No, I think that with the new techniques that they're using now, I certainly recommend it. It has a psychological effect on you. You become withdrawn in relationships. You don't want to get involved with relationships. Men that I've spoken to over the years about this tend to shy away from relationships, because, eventually, if they have to get intimate, it becomes very difficult because they have to remove their shirt, of course. So that kind of stuff really puts you in a bad situation.
SALLY: You know, in my whole life I've never heard women talk about, "Gosh, this guy has big breasts." Never. I mean, am I wrong? It would never occur to us, because I don't know that that's an area that we stand around and look at. It may be just me. I shouldn't say "we" and speak for all women. But we women— I can't see that the next day you'd say, "Oh, wow, you have big breasts." I don't—
Mr. RIOS: Well, you know, you talked about—
SALLY: And you're saying a guy won't even have a sex relationship because he doesn't want to take off his shirt.
Mr. RIOS: You're talking about 38 percent of the male population. That's a big number. And for the most part it happens when one is going through puberty, 12, 13, 14 years old. So you're not really involved in relationships, at that time. Most boys aren't. It's afterwards. It's when you're 17, 18, 19, 20. That's when it becomes very difficult. So I certainly recommend that one see a doctor, sure, and have it done.
SALLY: Do you worry about your son?
Mr. RIOS: Yeah.
SALLY: Do you think this is inherited?
Mr. RIOS: Yeah, I do. I have a 12-year-old son now. And he's 5'7", 140 pounds and he's 12. And he's big. He's a big boy. But I watch

him. You know, and if it needs to be done, then I'll have it taken care of.

SALLY: You will have it taken care of—

Mr. RIOS: Sure.

SALLY: —for him, the same way you did—

Mr. RIOS: Sure. I'll ensure that he doesn't have the same scars that I have.

SALLY: If a woman was involved with a man and he was putting off having intimate relationships, she would begin to think of everything in the world but that he had big breasts. That's the last thing that would occur to most women. I mean, I think so anyhow.

We're going to talk about something a little more serious now, with Mike, also. And that is men who have breast cancer. And this is the part that I think is important for you to watch so that you can teach your husband or men how to do the checking, okay. We'll be right back.

[Commercial break]

SALLY: We've had women on with us who have had breast augmentation and also reduction, and usually they feel good about it. And at the last section, Mike stood up. What did you do? Do that again. *[Mr. Rios displays his chest.]* That's the first time I've seen a man do that.

On a more serious note, Leonard's mother, sister and daughter — mother, sister, daughter — all suffered from breast cancer. However, Leonard never dreamed it would happen to a man. Last fall he discovered a small lump in his breast.

Ralph was just 36 years old when he discovered a lump in one of his breasts last summer. And he was shocked when the doctor told him this was breast cancer. Ralph thought — of course breast cancer — that he was going to die.

Ralph, let's go back to the day when you first discovered that you had this breast cancer. How did that come about?

RALPH GRIPPO, Suffers From Breast Cancer: Well, actually, my wife, Barbara found the lump. We were home one night, and kind of romantic night, and all of a sudden she discovered a lump.

SALLY: What did she say?

Mr. GRIPPO: She said, "You have a lump." And I, being stubborn, said, "No, it's nothing." We went through a series of chicken pox — I have four children — and I just thought I had an infection. I just thought maybe I was run down and had an infection. Plus, we went through so many other things. In the last few years we went through a lot of personal things. And I thought it was all stress. My youngest daughter almost died. We went through a lot of business changes. My wife almost died. She was in the hospital. So we went through a lot of things. It was like an *Indiana Jones* adventure. And then the next thing, I found out I had a lump.

So she convinced me, after three times, to go to a doctor. I kept saying, "No, I don't want to go. I don't want to go." So we went to the doctor. I went into his office and he took—

SALLY: You mean you canceled three appointments?

Mr. GRIPPO: Three appointments I canceled. I said, "This is noth-

ing." I just thought it was an infection. So I went into his office that day, and I'll never forget it, he pulled out this needle that looked like a harpoon. I said, "I'm going to leave now."

SALLY: "Bye."

Mr. GRIPPO: "Bye. Feet don't fail me." So he laid me down and he stuck that needle in. And two days later he called me up and said, "Mr. Grippo, you have breast cancer."

SALLY: On the phone?

Mr. GRIPPO: He told me on the phone. I had a rapport with him and he said, "Come on in. We'll talk about it further." And from there, he said, "We're going to do what's called a modified radical mastectomy, and that is to remove your nipple and the breast, and if it has spread any further, we will remove your lymph glands." Well, and I was jogging, Sally, three miles a day, working out, plus running a business, plus raising four children, and I didn't feel sick at all.

When he came back, the doctor sat on my bed after the surgery, he had tears in his eyes. He said, "Ralph, it spread to 40 percent of your lymph glands."

So he had to remove them all. So I knew there, right then, that the only way to do this was to fight. So, psychologically, I just prepared in my mind that I was going to fight Mike Tyson. And I just went to war. With the help of my wife and my family, and with the help of God, we just won. And just last month, I got a clean bill of health.

SALLY: Did you? I'm getting the feeling that you were very scared. Were you?

Mr. GRIPPO: I was scared stiff. In the beginning, when he first told me I had cancer, I wasn't scared. I became frightened when they wheeled me into the operating room. That's when I got nervous. But I felt at peace that my family would be protected because of my insurance benefits. And I felt at peace that my soul— I was at peace with God. And I really thought I was going to die.

And the doctor kind of broke the ice, because he came in, and I was half knocked out, and he said, "Grippo, appendix, right? I'm going to take out your appendix." But that was okay, because I laid there and said, "Thank God you didn't say castration."

So, from there, the next thing, I woke up, I was in tremendous pain. I didn't realize the pain that it caused, because I guess all the pressure from the operation *[unintelligible]*, my wife told me I was crying from the pain, rolling. My back felt like there was a knife in it, even though they cut through the front. And I was in pain for ten days. And then I was in the hospital for about two weeks. And then we started chemotherapy.

SALLY: Tell me about— You didn't lose your hair.

Mr. GRIPPO: No, in fact, I let my hair grow longer. Psychologically, I did that. But the chemotherapy was terrible. If I had to relive the whole thing I would take the operation over the chemotherapy.

SALLY: Really?

Mr. GRIPPO: Because you feel sick. You feel— I gained 25 pounds on chemotherapy, because I felt I was going to— I was always nauseous. I felt like I was always going to be sick. Plus, I felt I was going to die, so I said, "I'll eat anything."

SALLY: "If I'm going to die, I might as well die happy."
Mr. GRIPPO: Quite honestly. I figured, "Well, I'll enjoy the ice cream and stuff like that." So I gained the weight. Now I started to work out again and exercise. And now I'm on a hormone pill. The purpose of the hormone pill is to prevent the cancer from coming back. So I can relate to many of the women in the audience about change of lives. So I'm really irritable, don't get testy with me.
SALLY: When you think about this, or when you tell people— And I don't know if you do. I don't assume you walk around with a sign, but this has got to come up in conversation. The idea that a man has breast cancer, that he had an operation, that he had the chemo, that all of this was taken out, that's something that women do. And, I mean, don't people just go— Aren't they shocked at this?
Mr. GRIPPO: Yes, a lot of—
SALLY: I mean, when I heard about you, I was shocked.
Mr. GRIPPO: A lot of people are shocked. But a lot of people's hearts go out to you.
SALLY: Sure.
Mr. GRIPPO: It's a shocking thing. It's been a real emotional year for us. I had a close friend of our family, 27, a female that died of breast cancer. So it's been a shocking thing, in many ways.
SALLY: Was she with you when you were having your operation?
Mr. GRIPPO: She came to visit me in the hospital and said, "Don't worry. You're going to be all right, because I beat it."
SALLY: Oh no.
Mr. GRIPPO: And she's a beautiful woman, the mother of three children. So it's been an emotional year. The thing, though, is that I realize you can't give up. No matter how you feel, you have to keep fighting. Because the chemotherapy to me—

I had a fight the first day I met my oncologist. I walked into his office, and to me, in my mind, I met this doctor, I thought he was a mad scientist. I looked at him and I started yelling at him. "You're not going to put poison in me. You're not going to make me a guinea pig because I'm a male with breast cancer." And I almost started crying. Then he started talking to me, and you can ask Barbara, I just went into shock. He's looking at me and I just went— And I said to him, "You're not going to put Drano in my system to clean out a pipe." That's how I looked at chemotherapy. And then he just calmed me down. He came back the next day with studies from around the world, how to treat men on breast cancer *[sic]*.
SALLY: So just because I'm ignorant of it and a lot of other people may be, too, doesn't mean that it isn't there and it doesn't exist.
Mr. GRIPPO: Right.
SALLY: Let's talk about Leonard. You discovered a lump. How?
LEONARD GLAZER, Suffers From Breast Cancer: First thing I discovered was an inverted nipple in the shower, about three weeks before I'd really discovered the lump. And I'd discovered the lump one Friday evening. I'd had no plans for that particular evening. I was going to stay in and have a quiet evening. And a friend of mine called. We talked. And she stopped by. And in the course of the evening, my chest was touched, and she said, "That doesn't feel right."

And I said, "What are you talking about?" She said, "I was just at the doctor and the doctor explained to me, on a prosthesis, the lumps, bad lumps and good lumps in a woman's breast. She said, "That doesn't feel good. You ought to have it checked." So I said— It was like Friday night. I said, "I don't think it's really anything to worry about." She said, "You really ought to."

SALLY: It's interesting that she'd make that transference, having been discussing her breasts—

Mr. GLAZER: Just the day before she'd been at the doctor.

SALLY: —that she would think, "Well, I'll check a man's breasts."

Mr. GLAZER: It was an inadvertent touching, actually. And this is something that, like you said earlier, my mother, my sister, my daughter have all had breast cancer, my daughter, Dory, who was 25 when she went through it, have all been through that. And she was a constant source of strength for me. She was really good. We were kind of a mutual support society. I went through it with her, she went through it with me.

But getting back to the story, Monday morning- This all happened Friday night. Monday morning I called a friend of mine who is a radiologist and I said, you know, "There's something there. I don't know what it is." He said, "How soon can you get in?" I said, "How soon do you want me?" He said, "How about the next 15 minutes?" I said, "All right." He had treated my family, the entire family. So I was in there, and about 45 minutes later, we had done a mammogram, sonogram and chest X-ray. He said, "I don't know exactly what it is, but I think you need a biopsy." And I said, "Okay." He called my internist and got me in there about an hour later. And I walked in with the file in my hand and he looked at the X-rays and touched my chest and said, "I don't know what it is, but I think you need a biopsy." He said, "Who is your surgeon?" I said, "I don't have a surgeon." But I'd heard of one who was very good, in Kansas City. And he said, "Let me make a phone call." So two hours later, I was in the surgeon's office. And the whole routine goes through again. And he said, "I don't know exactly what it is, but I think we need a biopsy." I said, "Well, that's three out of three. I think we need a biopsy." So he said, "Let me ask you a question." I said, "What is that?" He said, "If we need to do a mastectomy, when do you want to do it?" I said, "Pardon me." And he said, you know, "It's possible that it's malignant. And in the event that it is malignant, do you want to have the mastectomy then?" I said, you know, "Well, can I think about this a minute?" A lot had happened in a very short period of time.

So I called my daughter, like I said, who had gone through the same thing. And she said, "Dad, if you're on the table and you're out, do it. Don't—" You know, "Don't go through the trauma of going under the anesthetic and thinking about it again."

So Tuesday morning I called the doctor, and he said, "What do you want to do?" I said— "Well—" I relayed the story. And he said— I said, "When do we have openings?" He said, "I have an opening tomorrow and Friday." I said, "How about tomorrow?" So, Wednesday morning I was on the table. Wednesday afternoon I was in my room recovering. I had no pain whatsoever, contrary to his problem.

I really didn't have time to think about the whole process. There was no fear.

Wednesday evening, a group of my friends were in the hospital room. They couldn't believe I'd gone through the operation. I was home Saturday morning.

SALLY: Now, no chemo or anything?

Mr. GLAZER: Chemo started about a month later and I just finished it about 30 days ago.

SALLY: How do you feel?

Mr. GLAZER: Wonderful.

SALLY: Do you? What's the prognosis?

Mr. GLAZER: Good.

SALLY: Good. All right. Now we're going to meet someone, a doctor, a woman doctor who treats breast cancer in men. And we're going to tell you what your chances are of your husband or your boyfriend having breast cancer. We'll be right back.

[Commercial break]

SALLY: We actually have one topic, two versions: men and their breasts. And we're going to talk about breasts, as far as plastic surgery and as far as cancer is concerned.

Dr. Deborah Axelrod is the director of Breast Services at Beth Israel Medical Center here in New York City. Although her specialty is breast cancer among women, she has treated men with the disease. And she says that men should also check themselves for lumps in their breasts.

Dr. Marjorie Cramer is a board certified plastic surgeon. And this is an interesting specialty. She's treated hundreds of men like Mike who have abnormally large breasts. Please welcome our guests to the show.

There are going to be people who probably have a problem with you, Dr. Cramer. If the men with large breasts just lost weight, or if they worked out their— what do they call those, pecs? Wouldn't their chest get smaller? Couldn't a man do— Why is he so vain that he has to go and have an operation? I guess that's what I'm asking.

MARJORIE CRAMER, M.D., Performs Male Breast Reductions: It really isn't vain. Men who have large breasts really suffer from it. I can tell you from my experience. Mike, I think, underestimated the pain that he probably went through when he had them. And I have many patients who do exactly what you suggested. They lose weight and they lift weights. And they lift weights to the point where they get stretch marks from the lifting. And the breasts just look more prominent. Because it's really not fat. It's really a special kind of tissue that you can see under the microscope. It's male breast tissue.

SALLY: It is breast tissue. It isn't breast fat. There's no way you're going to lose it. Just give me a few of the horror things that men go through because they have large breasts, that women do not think of.

Dr. CRAMER: Well, I agree with you that women don't think of them. When you said that before, I was thinking that that's exactly— Men go through agony, and women, if confronted with the situation, would probably say, "Okay, so you have breasts. What's the big

deal?" But men, I think, you know, feel that, you know, their sense of masculinity is questioned. And they frequently— I have patients who have never been to the beach in their whole life, or who have never worn a T-shirt. It's really— The amount of suffering that they go through is terrible, even with a very small amount of breast tissue.

SALLY: There's a name for this.

Dr. CRAMER: Right, it's called gynecomastia, which simply means female-like breasts.

SALLY: So a man who has large breasts has gynecomastia. How common?

Dr. CRAMER: Well, this usually surprises people who have the condition who frequently think they're the only person in the whole universe who have it. The figures vary. Nobody really has exact figures. But it's been stated that as many as 60 percent of boys at puberty have it, and 30 or 40 percent of adult men have gynecomastia.

SALLY: That's a lot.

Dr. CRAMER: That's mind boggling.

SALLY: As a plastic surgeon, we've asked Dr. Cramer to bring us some before and after pictures. So, if we can put those up and have the doctor explain to us. What are we looking at? I'm going to ask you to look up at the monitor, Dr. Cramer. The before picture shows what?

Dr. CRAMER: Okay, I actually can't see them because there's a light there. But that's okay. The one on the left, which says before, is a picture of a guy who had gynecomastia and came to see me. And I operated on him about four or five months ago. And the picture on the right shows him after surgery with what I think looks like a very normal appearing male chest.

SALLY: Now, the man on the left, or the same man, that appears to be like a teenage girl, like a 13-year-old girl, you know, just starting to develop. Is that what they usually look like?

Dr. CRAMER: Unfortunately, yes. Well, they look sometimes like that, sometimes bigger, sometimes smaller. There's a big range. It varies.

SALLY: Can you take care of that with liposuction?

Dr. CRAMER: It's partly liposuction. And that's the thing that's revolutionized the treatment of this disease, so that people don't end up with scarring, like Mike did. What we usually do is to make a very tiny incision in the areola, which is the dark tissue around the nipple, and actually suction out the fatty tissue that's involved, and then, through that same small incision, cut out all the residual tissue.

SALLY: Is it expensive for a man to have a breast reduction?

Dr. CRAMER: Yes, the bad news is that it is expensive. It costs anywhere from $4,000 to $12,000, depending on what has to be done.

SALLY: Is that the same as it would cost a woman?

Dr. CRAMER: It depends on what a woman has to have done. But usually cosmetic breast surgery costs in that range. But the good news is that frequently insurance will cover it, because it is considered an abnormality by insurance companies.

SALLY: So, if 30 percent of the people have it, it's still an ab-

normality and your insurance may cover it. Whereas women, it would not cover it, I've heard.

Dr. CRAMER: Ye'ah, it's one of those funny distinctions that I don't understand. It doesn't cover women who want to have their breasts enlarged. It frequently covers women who have large breasts and want to have them made smaller.

SALLY: So, if a woman is flat chested, it is not considered abnormal for her to have her breasts made big. But if a man has big breasts and he wants them made small, it is considered abnormal and he can have that done.

Dr. CRAMER: I think that's an interesting commentary, too.

SALLY: Love to get an insurance dude up here and try and understand what— Are you in insurance? We have to talk afterwards.

Mr. GRIPPO: Okay, I'll give you my card.

SALLY: Yes, you had a question.

1st AUDIENCE MEMBER: No, not a question, a statement. My husband had abnormal breasts. In fact, they were larger than the ones that were shown. And it did not stop him from being a womanizer.

SALLY: Is that good or bad?

1st AUDIENCE MEMBER: I don't know. It was bad for me. I guess it was good for him.

SALLY: Okay. Are there certain groups that are more likely, Dr. Cramer, to have this? In other words, do black men have larger breasts than white men?

Dr. CRAMER: No, this is an across the board thing. It's just one of those sort of injustices of nature that seem to happen sometimes.

SALLY: It's an equal opportunity—

Dr. CRAMER: Something like that, yes.

SALLY: —affliction.

Dr. CRAMER: Yes.

SALLY: So, someone would not be more likely to have that happen to them if they were taller or shorter, fatter or thinner?

Dr. CRAMER: No. Well, I should say that nobody's ever really studied this. But to the best of my knowledge, we don't know.

SALLY: Question.

2nd AUDIENCE MEMBER: I just wanted to say that I had the same operation done as this gentleman over here. And fortunately, I had incisions done at the bottom. And he's definitely not underestimating *[sic]*, you know. It is a terrible experience, you know, going through, you know. I had the operation when I was 17, you know. My whole life, my mother was always like, "They'll go away. They'll go away." I lifted weights. I was very athletic in high school. And, you know, they didn't go away. So when— My mother said, finally, 17, you know, "You can get them, if you want." And, you know, fortunately, like you said, insurance did cover it. And I'm very thankful of the whole experience because it was— You know, now I just— I feel like a new person now, you know. It's an excellent experience.

SALLY: You were glad you had it done.

2nd AUDIENCE MEMBER: Sure, yes, very much so.

SALLY: You're wearing a T-shirt.
2nd AUDIENCE MEMBER: Oh yeah. I mean, I live on Long Island, and I— you know, all my friends would go to the beach and I'd always wear a shirt. And, you know, now it's a lot better.
SALLY: Kids are so sensitive about these things. It's hard for us to think that boys are as sensitive. I guess they are. Why not.
3rd AUDIENCE MEMBER: I just want to know, what's a good age to know whether it's a boy that's just fat, or needs the operation?
Dr. CRAMER: Usually if the condition has been there for two years and hasn't gone away by itself, you can be pretty sure that it's going to be around and needs to have surgery done.
SALLY: How old is too old to have your breasts reduced?
Dr. CRAMER: Oh, it's never too old, if you're in good health.
SALLY: What about too young?
Dr. CRAMER: Well, if it's in a very young child, the only thing that I would caution would be that in, let's say, a young teenager has a visit to an endocrinologist to make sure that there's not some underlying cause for this that needs to be treated.
SALLY: But would 60 be too old? What's the oldest person you've operated on?
Dr. CRAMER: At least 60.
SALLY: At least—
Dr. CRAMER: And it depends on what kind of physical shape they're in.
SALLY: Okay, I would think by the time he got to be 60, maybe he was used to wearing T-shirts or something. No?
Dr. CRAMER: I hope not.
SALLY: When we return, Dr. Axelrod is going to talk to us about mastectomy and men. We'll be right back.
[Commercial break]
SALLY: Dr. Axelrod, breast cancer in men, more complicated than breast cancer in women?
DEBORAH AXELROD, M.D., Director, Breast Services, Beth Israel Medical Center: Well, it's certainly rarer.
SALLY: Rarer, of course, but more complicated?
Dr. AXELROD: No, it's not more complicated. Usually the man presents with a lump in the central part of his breast, underneath the nipple. And what you can see is nipple changes. I think this is what Ralph explains with the inverted nipple. The mass resides behind the nipple and causes nipple retraction. And that's a telltale sign of cancer. Now there are other lumps that can occur in men, not necessarily cancer, such as gynecomastia. But the difference is that gynecomastia can present as a tender mass with no skin changes, no fixation to the muscle, the underlying muscle.
SALLY: Does this happen only in men with large breasts?
Dr. AXELROD: No, no.
SALLY: The man can be flat chested.
Dr. AXELROD: Oh, absolutely. I don't think that gynecomastia, or large breasts, is a risk factor or a premalignant condition for getting breast cancer. Certainly if you look at large-breasted women, they

don't have a higher incidence of getting breast cancer than smaller-breasted women.

SALLY: Who does? I asked if there was any incidence of larger breasts in men. Are black men or white men more likely to have breast cancer.

Dr. AXELROD: No, it's also universal. Unfortunately it affects everyone equally. There isn't one particular group, except I will say that there are some risk factors which go along with male breast cancer. Familial factors, such as what Leonard had talked about with his family, very, very strong family history. Not as strong as in women who give you family histories. But if we took a roomful of 100 women with breast cancer and we asked them if they had a family history, only about 20 percent of them would tell you that they had a family history. And that's much less in men. But there are clusters of families in men with breast cancer that will give you a history both on the mother's side and the father's side.

SALLY: Now, with a woman, you have reconstruction, oftentimes. Not always. With a man, do you reconstruct?

Dr. AXELROD: Well, you know, the problem in men is that there really is a lack of breast tissue. So there's not a lot of choices in men, as far as what type of surgery is offered to them. What you want to do is you want to get out that cancer. And to reconstruct them with a breast mound is not— I have never had a patient who was interested in that. What they're left with is usually a horizontal scar. And it is not unattractive. Of course, you're losing your nipple, and you've been treated for a cancer, which is, psychologically, you know, very, very difficult to deal with, even in men, even in men.

SALLY: You brought some pictures, too, a picture, also, for us.

Dr. AXELROD: Yes. What I have is a picture of a mammogram, which shows— These are two views. You always take two views of every breast. And on the right side, or your left side, is a man with a cancer underneath the nipple. And you can see that's the white. And if you can imagine that the nipple is retracted slightly. Can you see that?

SALLY: Yes.

Dr. AXELROD: It looks like it's slightly— It looks like it's slightly inverted. Now, on the right side is an area where there is just breast tissue. The breast tissue shows up as small white spots, and the fat shows up as gray, and the area is all black. So that's how we can tell certain things on the mammogram that you might not be able to feel. But in this case, I did feel the breast cancer.

SALLY: Are men more likely to ooze from the breast?

Dr. AXELROD: Well, men who have bloody nipple discharges, certainly, their incidence of breast cancer is much higher than women who have bloody nipple discharge. Where we know that the most common cause of a bloody nipple discharge in a woman is usually benign. And it's not cancer.

4th AUDIENCE MEMBER: Are there places that you can go to find out if you have this, you know, where doctors would be aware of male, you know, breast cancer?

Dr. AXELROD: Well, you know, male breast cancer is very rare. It

occurs in about 1 out of every 100 breast cancer patients. That's 1 percent.

SALLY: That's not that rare, though.

Dr. AXELROD: Well, when it happens to you, it's no consolation to know those figures. But where you can go. I think when you have an annual physical examination, you should have your physician examine your breasts, certainly. And I think once every six months in the shower, you should run your hand over your breast to see if there's any lumps. That's the most common finding in a breast cancer patient that's a man is a lump.

5th AUDIENCE MEMBER: Well, what I would like to know is what is considered early detection? I mean, has anybody— any males died from breast cancer?

Dr. AXELROD: Oh yes, certainly, yes. Many men. As a matter of fact, this year, in 1990, we will have 300 male breast cancer patients die of their disease. And early detection is very, very difficult in a man because we don't screen routinely, men, looking for breast cancer. In women we know that we're picking up quite early cancers.

Mr. GRIPPO: If I may interject, Sally, that's true, because my doctor told me if I didn't listen to my wife and I wanted to procrastinate on this, it had already spread from my breast to my lymph glands. Another four or five months, it would have been through my whole body.

Dr. AXELROD: You know, we have found that men do present at a later stage, because they do come at a later stage when they have a mast. There's a lot of denial and there's a lot of— I mean, it is a problem. It really is a problem. We need to catch it earlier because we need to have people more aware.

SALLY: To be honest with you, when we thought about doing this show, I asked a doctor, mine, I said, "What about male— Do you ever check for male breast—" He went, "Ah," you know, like, "Talk show host, why are you bothering with it?"

6th AUDIENCE MEMBER: Yes, to the gentleman who had the reduction. When women gain weight, we usually get larger breasts. Would that happen with a man, too, after you've had the reduction?

Mr. RIOS: Will my breasts— I don't understand the question. Will they grow if I gain weight again.

6th AUDIENCE MEMBER: Yeah, just like with a woman.

Mr. RIOS: No, they just stay— I'll gain— I'll get a pot belly. That's about it. That's about it.

SALLY: Dr. Cramer, would—

Dr. CRAMER: Now that's a question that most patients want to know. And no, the tissue is removed. So if they gain weight they won't gain their breasts back.

SALLY: They'll gain fat but they won't gain breasts.

Dr. CRAMER: Right. Yes, they might gain— But men will usually gain weight, as Mike said, further down than the breast area, in a spare tire, or—

SALLY: Yeah, I wish we could figure out why we all put it on in those certain place and how we could move it around. We'll take a break. We'll be right back.

[Commercial break]

SALLY: Dr. Axelrod just now, on the break, told me something that was very interesting. When men are transsexuals and they have the hormones, they take hormones to enlarge their breasts—

Dr. AXELROD: Estrogen.

SALLY: What happens to them?

Dr. AXELROD: Well, we have described several cases of men who are transsexuals who have taken what we call exogenous estrogens, estrogens that you can buy over the counter. And we have found that they have an increased incidence of breast cancer, or there have been several cases described.

SALLY: So, considering that we have talked about that a lot on the show, you might think about the fact that it has a higher incidence of breast cancer. Whose family is this? Attractive. Can I get you two to stand up? This is Ralph's family, right? First name.

7th AUDIENCE MEMBER: Barbara, and this is Tara.

8th AUDIENCE MEMBER: Tara.

SALLY: Hi, Tara and Barbara. You've had a heck of a time, he was telling me.

7th AUDIENCE MEMBER: Yeah, we've had a tough couple of years. But I think from everything what I find is to keep gratitude in your heart and just be thankful. I'm just so thankful for our family. And everything we've been through, we've turned it into positive.

SALLY: How?

7th AUDIENCE MEMBER: Well, with the help of God. And we do have a strong family unit. And we reevaluated our entire family through all of this. And I just find myself, every day, being thankful. I'm thankful for life. And we have so much.

Mr. GLAZER: I think there's a lot of reevaluation done after you go through something like this. And you do wake up and smell the roses and the sky looks bluer. And you appreciate everything a lot more.

SALLY: Those are old clichés, as you just said, but—

Mr. GLAZER: They really, really are, but—

SALLY: —they're really true.

Mr. GLAZER: —it's very true.

SALLY: How many children do we have and where are they from?

7th AUDIENCE MEMBER: Okay, this is my oldest daughter, Tara. She's from South Korea. And our two sons. We have twins. They're 7 years old. They're also from Korea. And our little baby. She's 2 years old. And she's from here *[points to her abdomen]*.

SALLY: Gorgeous family. I saw them in the green room. We'll take a break. We'll be right back.

[Commercial break]

SALLY: Mike, you said you wanted to say something to people.

Mr. RIOS: I was just talking during the break, and I was just saying that if there are men out there or young boys out there who feel that they have this, or, you know, feel embarrassed or ashamed, not to be, to come forward. It's a perfectly natural thing now.

SALLY: That's part of the message.

8th AUDIENCE MEMBER: Okay, my question is, would things

such as wearing a nipple ring, or having nipple rings inserted increase your chances of getting a breast cancer?

Dr. AXELROD: I think it would increase your chances of getting a breast infection.

SALLY: But not necessarily a cancer.

Dr. AXELROD: No, no.

SALLY: Question.

9th AUDIENCE MEMBER: Yeah, I want to ask Dr. Axelrod, what is, the two gentlemen on the left, their prognosis, now that they've gone through therapy? And particularly the one on the left, because it's in his family already. Is this radiation therapy, or whatever he went through, is this a pretty sure cure for the rest of his body?

Dr. AXELROD: I think that you have to be followed very, very closely, which means, twice a year, going to your doctor. But he had chemotherapy. The prognosis, both of these gentlemen are what we consider a stage 2, where the cancer has gone into the lymph nodes. And the reason we give them chemotherapy is to prevent any spread of any cancer cells from the lymph nodes into the rest of the body. Their prognosis is not as good as in women, but it's not much less. Not much less.

10th AUDIENCE MEMBER: I'm talking to the two gentlemen with breast cancer. I belong to a group called SHARE, and that's for women with breast cancer. Do you have any such group, where you come from, at all?

Mr. GRIPPO: In my area we're trying to organize one. And that's why I'm here, trying to make it known.

SALLY: I think SHARE ought to go and visit men, too.

Mr. GRIPPO: Yes, yes.

SALLY: I think that's something you should think about.

10th AUDIENCE MEMBER: We have a men's group.

SALLY: You do?

Mr. GRIPPO: My family could have used a group like that, because we really had no one contact us.

11th AUDIENCE MEMBER: Yes, I have a question for Ralph. When you have breast surgery, they usually have a lot of pain in the arm. I wanted to know, did you have any pain in your arm?

Mr. GRIPPO: Yes. You see, he removed all my lymph glands. And I couldn't lift my arm for about six weeks. I could get it this high, then each week I got it higher. But it was very painful.

SALLY: Same as a woman. Yes.

12th AUDIENCE MEMBER: I'd like to ask a question. For years now, I've been having pain in my left breast. It was operated on when I had my son. And this has been about 30 years ago. But every month I have terrific pain like someone squeezed me. And every time I go to the doctor they tell me there's nothing there. But I still get that pain every month. Sometimes twice a month.

Dr. AXELROD: That's directed at me?

12th AUDIENCE MEMBER: Yes.

Dr. AXELROD: Okay. First of all, how old are you?

12th AUDIENCE MEMBER: I'm 58 now.

Dr. AXELROD: Have you had a mammogram?
12th AUDIENCE MEMBER: No, not lately.
SALLY: Why? Can we talk her into a mammogram?
Dr. AXELROD: We should.
SALLY: Okay, please, you and everyone else. We'll take a break. We'll be right back.
[Commercial break]
SALLY: A little something for you to do, if you're the type of person who prays, say a prayer for Leonard and Ralph and their continued recovery. We want to thank Dr. Axelrod and Dr. Cramer. And heed Mike's advice, this is nothing to be ashamed of. It is better to check than to be sorry. Thank you all for being with us.

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FURTHER INFORMATION:

Dr. Marjorie Cramer
(212) 421-9550

Dr. Deborah Axelrod
(212) 420-4332

American Cancer Society
(800) ACS-2345

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